

MONTANA MIGRANT EDUCATION PROGRAM OUT-OF-SCHOOL-YOUTH PROFILE

Student Name _____ COE ID No. _____

Date of Birth ____/____/____ QAD _____ Primary Language _____

Living with parents: __ yes __ no **Married:** __ yes __ no **Children:** __ yes __ no

Drivers License: __ yes __ no **Vehicle:** __ yes __ no **Male** **Female**

Education

Last School Attended _____ Reason for Leaving School _____

Last Grade Completed _____ Where? _____ Units Needed to Graduate _____

English Proficiency Level: __ High __ Medium __ Low __ None Comment _____

Motivation to Complete Education: __ High __ Medium __ Low __ None Comment _____

Interest in: __ GED __ Adult Ed __ HS Diploma __ Other _____

__ INEA __ Voc Training __ Community College __ Other _____

Mobility

How long do you think you will be staying in the area? _____ Where will you go next? _____ Will you return? _____ When? _____

What additional assistance do you need to be able to participate in literacy, learning, or career/employment? _____

Comments:



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